

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10663744 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6	1					
7		1				
8		1				
9		1				
10						
11						
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15	1					
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50						
TOTAL IND.	2					
TOTAL DEP.	6	←	←	←		
TOTAL CLAIMS	8	████████	████████	████████	████████	████████

	IND	DEP	IND	DEP	IND	-DEP
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TOTAL IND.		←	←	←		
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		████████	████████	████████	████████	████████